Payable to: Town of Winneconne Town Hall 920-582-3260

APPLICATION FOR ZONING CHANGE

FEE: \$350.00 APPLICAT			
(Please	print or t	ype. Please use black ink for duplicating purposes.)	
A.	PROP	ERTY OWNER:	
	A-1 NA	AME	
	Mailing	g Address	
	Phone		
conduct and assi	ing inspec	ion is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of heari tions prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is bindi	
	Signatu	re Date	
I HERI	EBY APP	OINT THE FOLLOWING AS MY AGENT FOR PURPOSES OF THIS APPLICATION:	
	A-2 AP	PLICANT (NAME)	
	Mailing	Address	
	Phone	Signature	
		Date	
D	DD O D		
В.		ERTY INFORMATION:	
	B-1	Tax Key/Parcel #:	
	B-2	Lot Block or CSM #	
		Section Town North Range East	
		Town of Acres	
	B-3	Location (of property)	<u></u>
	B-4	Zoning (Existing) Zoning (Proposed):	
	B-5	Use (Existing):	
		Use (Proposed):	
	B-6	SEWER: Existing Required Municipal Private System:	

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Applicant please fill out ALL the questions				
C.	DESCRIBE PRESENT USE(S):			
D	DEGGDINE PROPOGER LIGE/G)			
D.	DESCRIBE PROPOSED USE(S):			
E DES	CRIBE THE ESSENTIAL SERVICES (SEWER, WATER, STREETS, ETC.) FOR PRESENT AND FUTURE USES:			
F.	DESCRIBE WHY THE PROPOSED USE WOULD BE THE HIGHEST AND BEST FOR THE PROPERTY:			
G.	DESCRIBE THE PROPOSED USE(S) COMPATIBILITY WITH SURROUNDING LAND USES:			

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PLOT PLAN